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Sarah Schlie (Depositor's name)
Sarah Schlie (Signature)
 April 18, 2008 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/501,029	07/25/2005	Zita Jegesna Csakai	CYTRX/016	3625

TITLE OF INVENTION: CARBOXAMIDINE DERIVATIVES AND THEIR USE IN THE TREATMENT OF VASCULAR DISEASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	04/29/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
HABTE, KAHSAY	1624	514-222500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Barbara A. Ruskin
 2. Ropes & Gray LLP
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assigned data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CytRx Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Los Angeles, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1075 (enclose an extra copy of this form).

#004049-0016-102

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Barbara Ruskin*Date April 18, 2008Registration No. 39,350

Typed or printed name

Barbara A. Ruskin

410.00 OP

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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1 Barbara A. Ruskin
2 Ropes & Gray LLP
3 _____

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(A) NAME OF ASSIGNEE

Cytrx Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Los Angeles, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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Authorized Signature

Barbara RuskinDate April 18, 2008

Typed or printed name

Barbara A. Ruskin

Registration No. 39,350

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& GRAY**

ROPES & GRAY LLP

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Robert R. Jackson	April 24, 2008		212.596.9022
CLIENT	RE:	TIME	PAGES (INCLUDING COVER)
004049-0016-102	U.S. Patent Appln. No. 10/501,029 Confirmation No. 3625 <u>Docket No. CytRx/016</u>		5 0

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P.02

TO BARBARA — USPTO
AT FAX # 571-270-9840

(Barbara's telephone no. is 703-664-6117)

The attached is supplied per
Barbara's request. Please let
me know if you need anything
else.

Robert Jackson

212-596-9022

April 24, 2008

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P.03

DOCKET NO.

CytRx/016

CONFIRMATION NO.

3625

APPLICANT Csakai et al.APPLICATION NO. 10/501,029

FILED

July 25, 2005

RECEIPT IS HEREBY ACKNOWLEDGED OF THE
Issue Fee Transmittal Letter (in duplicate)

DATED April 18, 2008

FILED IN CONNECTION WITH THE ABOVE CASE.

COMMISSIONER FOR PATENTS

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